

What can I do to make this a successful weekend?

- ♥ Bring your swimming suit!
- ♥ Check in with your Outreach Consultant if you have questions or your plans change.
- ♥ Explain to your child that this weekend is different from the Family Learning Weekend. The Enrichment Weekend focuses on them—who they are and their many abilities.
- ♥ Be ready to participate in activities, lend a smile, and let your personality shine.



Deaf Enrichment Weekend
Montana School for the Deaf & Blind
3911 Central Avenue
Great Falls, MT 59405



October 5-6, 2012
Montana School for the
Deaf and Blind

In contrast to Family Learning Weekends, Deaf Enrichment Weekends (DEW) are designed to create opportunities for students who are deaf & hard of hearing to interact with their peers, rather than providing information for parents and siblings. The weekend is designed to promote socialization and activities that are implemented to build confidence and a sense of responsibility in each participant. Students in grades **K-Transition** are welcome to attend. Activities will be modified according to each child's age and ability, parents are welcome to participate in activities as appropriate.

Schedule

Friday, October 5, 2012

- 4:00-5:00 Arrival at MSDB, room assignments
- 5:00-5:30 Expressions of Silence Performance
- 5:30-6:30 Dinner
- 6:30-9:00 Activities
- 7:00-9:00 Swimming & Snack Bar

Remember your swim suits!

Saturday, October 6, 2012

- 7:30-8:45 Breakfast in the Cottages
- 9:00-12:00 Student Breakout Sessions
- 12:00-1:00 Lunch in Cafeteria
- 1:00-2:00 Student Breakout Sessions
- 2:15-3:00 Wrap Up & Presentations

Schedule is tentative and subject to change slightly.



Release form—MSDB Enrichment Weekend

Name _____

I, the undersigned, hereby request permission to attend the MSDB Enrichment Weekend, _____ (date). I represent and warrant that I am physically and mentally fit.

I acknowledge that I will be attending at my own risk and I hereby release, discharge and indemnify Montana School for the Deaf and the Blind (MSDB) and their agents from all liability for personal injury or damage to property. _____ (initial please)

I grant permission to MSDB to utilize any likeness, voice and words pertaining to myself in television, radio, films, newspaper, or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Association and/or in appealing for funds to support such activities. _____ (initial please)

In the event of necessity, the person in charge of the Enrichment Weekend is authorized on my behalf and at my account to take such measure and make arrangements for such medical and hospital treatment as deemed advisable for my health and well-being. _____ (initial please)

Name of physician _____

Phone _____
Clinic name _____
Address _____

List insurance providers including Medicaid:
#1 _____ ID/
Group # _____
#2 _____ ID/
Group # _____

Must be signed and initialed above by parent or legal guardian.

Name of parent/guardian _____

Print & Sign _____

Date _____

Home phone: (____) _____

Cell phone: (____) _____

Registration Form

Student Name _____ Grade _____

Birth date _____

Mailing Address _____

Outreach Consultant _____

Diet/Allergies _____

Name and ages (under 21) of all family members attending. **(Check box if needing to stay on campus)**

On Campus	Name	Age
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

This activity is at no cost to you, other than travel expenses. Cottages on the MSDB campus are provided, as are dinner Friday night, breakfast Saturday morning, and lunch Saturday afternoon. The cottages are available on a first come, first served basis. Campus students will be participating in activities along with students from all over the state. If you are unable to attend, but your child would like to join us, please contact your outreach consultant to see if travel arrangements can be made.

Please return this form by **September 28, 2012** to:
Jim Kelly
Deaf Enrichment Weekend
3911 Central Avenue
Great Falls, MT 59405

If you have questions, please contact your Outreach Consultant.